Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL	LENTIT	/ OF		R THAN L ENTITY	
FOR			NUME	BER FILED		NUMBER	EXTRA	7	RATE			RATE	FEE
BASIC FEE								1		380.0	OF		760.00
TOTAL CLAIMS 24 minus 20= + 4							X\$ 9=		OR	X\$18=	72.		
INDEPENDENT CLAIMS 7 minus 3 = *							X39=	<del> </del>	OFI	700	312:		
MULTIPLE DEPENDENT CLAIM PRESENT							]	+130=		7		Dia.	
* If the difference in column 1 is less than zero, enter *0" in column 2									TOTAL	+	OR	<u> </u>	
	CLAIMS AS AMENDED - PART II							_	IOIAL	<u> </u>	_JOR		THAN
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
MENDMENT A	·	REM/	UNING TER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ON:	Total r	1. 2	5	Minus	**		2		X\$ 9=		OR	X\$18=	
AM	Independent	ENITATIO	10514	Minus			=		X39=		OR	X78=	
	FIRST PRES	ENTATIO	·	JLIPLE DE	PEND	ENT CLAIM			+130=		1	+260=	
			<i>:</i> *			•		L	TOTAL	<del> </del>	OR	TOTAL	
		(Colur	<u>nn 1)</u>		(C	olumn 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
MCIVI D		REMAI AFT AMEND	INING ER		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		=		X\$ 9=		OR	X\$18=	
-	Independent FIRST PRESE	*	OF MI	Minus		· · · · · · · · · · · · · · · · · · ·	=	T	X39=		OR	X78=	
_!.			OF MU	CTIPLE DEI	ZENDE	ENT CLAIM			+130=		OR	+260=	
								AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT, FEE	
Т		(Colum				iumn 2) - GHEST I	(Column 3)		•				
		REMAIN AFTE AMEND	NING R		NI PRE	JMBER VIOUSLY JD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
-	Total	•		Minus	**		*		X\$ 9=		OR	X\$18=	
-	ndependent	NTATION	_ 1	Minus	SND5	150			X39=			X78=	
CLAIM										OR	^/O=		
lf t	he entry in colum	mn 1 is less	than the	entry in colur	nn 2, w	rite "0" in colu	mn 3.	Ŀ	130=		OR	+260=	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate here is called the previously Paid For" (Total or Independent) is the highest number found in the appropriate here is called the previously Paid For" (Total or Independent) in the highest number found in the appropriate here is called the previously Paid For (Total or Independent) in the Paid For (T													

## Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

09/314,698

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN		OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS		-					RATE	FEE		RATE	FEE
FOF	₹		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TO	AL CHARGEAE	BLE CLAIMS	24 minu	ıs 20=	• 4			X\$ 9=		OR	X\$18=	12,00
IND	EPENDENT CL	AIMS	7 min	us 3 =	. 4			X40=		OR	X80=	320,00
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If	the difference	in column 1 is	er "0" in c	olumn 2		TOTAL		OR	TOTAL			
* If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II											OTHER	
		(Column 1)		(Colu	ımn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDME	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						j	+135=		OR	+270=	
								TOTAL		4	TOTAL ADDIT. FEE	
		(Column 1)		(Col	umn 2)	(Column 3)	<b>Y</b>	ADDIT. FEE		_	, ADDII. 1 EL	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIC NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***		=	1	X40=		OF	X80=	
L	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDE	NT CLAIN	1 []	L	+135=		OF	+270=	
								TOTAL ADDIT. FEE		OF	TOTA	L F
		(Calumn 1		(Co	lumn 2)	(Column 3	3)	ADDIT. FEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NTC		(Column 1 CLAIMS REMAINING AFTER AMENDMEN		HI N' PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	7	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
D ME	Total		Minus	**		=		X\$ 9=		OF	R X\$18≡	
AMENDMENT	Independent		Minus	***		=		X40=			R X80=	
	FIRST PRES	ENTATION OF	MULTIPLE DI	EPENDI	ENT CLAI	М		+135=	1			_
	• If the entry in ∞	lumn 1 is less tha	an the entry in co	olumn 2,	write "0" in	column 3.		TOTA		-	TO1	AL .
* If the entry in column 1 is less than the entry in column 2, white 6 in column 5.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										EE <b>L</b>		